

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 105

Registered No. 100

### 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 3013 Loomis St., \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alexandro Apodaca (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes  
5. No., in order of birth yes 7. Date of birth March 4 1918  
Month Day Year

8. FATHER Full name Fortunato Apodaca 14. MOTHER Full maiden name Jeanne Carral

9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 33 (Years) 16. Color or race Mexican 17. Age at last birthday 37 (Years)

12. Birthplace (city or place) \_\_\_\_\_ (State or country) Mexico 18. Birthplace (city or place) \_\_\_\_\_ (State or country) Mexico

13. Occupation Miner Nature of industry Copper 19. Occupation Housewife Nature of industry \_\_\_\_\_

20. Number of children of this mother 11 (Taken as of time of birth of child herein certified and including this child). } (a) Born alive and now living 8  
(b) Born alive but now dead 3  
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was alive at 8:50 a.m. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature J. J. Miller M.D.  
(Physician or midwife)

Given name added from \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_ Filed March 12, 1918 Registrar. C. E. Jory  
Registrar. 111-304-133 Registrar.